APPLICATION FOR EMPLOYMENT

Last Nar	me	First	Middle	Date	
Street A	ddress			Home	Phone
City, Sta	ate, Zip				ss Phone
Have yo Yes	u ever applied for employmen No If Yes, Month and			()	
Position	Desired	Shift Desired 1st	2 nd	Pay Ex	epected
Are you Yes	available for full-time work?			Will yo Yes	ou work overtime if asked? No
Are you Yes	a U.S. citizen or authorized to No	work in the U.S.?		When work?	will you be available to begin
How did	you learn of our organization	? If Newspaper, sta	ate which publication	ı .	
Comple	tion of this section is volunta	ry, unless education	on is requirement of	f the position you	are applying for.
	Name & Location	of School	Course of Study	No. of Years Completed	Degree or Diploma
High Scl	hool				
College					
Other					
Describe abilities.		nents, activities, or	acquired skills, which	h you believe may	be an indication of your job-related
			EMPLOYME	NT	
Please g	ive accurate, complete full-tim rk history, you may include ve	ne and part-time em	ployment record. St	art with your prese	ent or most recent employer. As part of
1.	Company Name			Telephone	
	Address			Employed (State From	Month & Year) To
	Name of Supervisor			Weekly Pay: Start	End
	State Ioh Titles and Describe	e vour work		Reasor	n for Leaving

2.	Company Name		Telephone ()			
	Address		Employed (State Month & Year) From To			
	Name of Supervisor		Weekly Pay: Start	End		
	State Job Titles and Describe your wo	rk	Reason	n for Leaving		
3.	Company Name		Telephone			
	Address		Employed (State From	e Month & Year) To		
	Name of Supervisor		Weekly Pay: Start	End		
	State Job Titles and Describe your wo	rk	Reason	n for Leaving		
	Name	Firm Name and Address	Teleph	none Number		
1.						
2.						
3.						
	I	READ CAREFULLY BEFOR	RE SIGNING			
	POLICY As an applicant for full-time, part-time starting employment for City of Gardne		and I must success	sfully pass a post-offer drug-screening test		
	TECTOR NOTICE It is unlawful in Massachusetts to requent. An employer who violates this law					
characte employe authorize position acts requ	rs, schools and references. I understanded by me to do so. I recognize further that employment is offered and approval of the managemer	h I am applying. I understand I, further, that no attempt will be subject to satisfactory reports at of the company affiliate or subjects and and agree that employ	that this investigate made to contact from references subsidiary involved	and I authorize you to investigate my tion may include reports from previous t my present employer unless specifically olicited, meeting the requirements of the I, and that misrepresentation or omission of s "at-will" which means that it is for no		

Signature:___

Date:____

RELEASE

I have authorized City of Gardner to investigate my character and ability to perform the job for which I am applying. In order to conduct this investigation, I understand that City of Gardner will make inquiries of my previous employers, schools and references. As such, I hereby authorize the provision of character, education and job performance information by my previous employers, schools and references to City of Gardner and release all parties from any liability related to the release of said information. The requested information may include, but it is not limited to:

Dates of employment
Position held
Wages/Salary
Reason for separation from company
Disciplinary actions
Course of study
Verification of completion of degree
Character reference information

Signature			
Print Name			

All requested information should be released City of Gardner upon receipt of a photocopy of this release, as if it were the original.